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Supplemental
SUNSET REVIEW REPORT
on Auxiliary Scopes of Practice

Presented to the
Joint Legislative Sunset Review Committee
of the California State Legislature by the

COMMITTEE ON DENTAL AUXILIARIES
of the Dental Board of California

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Supplemental Sunset Report on Auxiliary Scopes of Practice

As a result of the Sunset Review of COMDA and the Dental Board in 2000, Senator Figueroa introduced successful legislation mandating that the Department of Consumer Affairs, in conjunction with the Dental Board and the JLSRC, review the scopes of practice of dental auxiliaries, and that the Department report to the Legislature by September 1, 2002.

The Department hired a consultant to conduct the review, and their final report was submitted to the Legislature by the Department on September 1, 2002.

COMDA has devoted considerable effort to this issue since August, 1999, when the Dental Board requested that COMDA begin a review of the regulations that define the duties that RDA's can perform to assist the Board in meeting the mandate of Business and Professions Code Section 1754 that it review such duties every 7 years.

In August of 1999, COMDA began that review, as well as a review of the regulations defining the duties of DA's and EF's, and the appropriateness of the entire regulatory scheme. COMDA decided to appoint a Task Force of 14 members from all aspects of dentistry, which met for the first time in December, 1999.

The Task Force held lengthy meetings throughout the State in March, May, August, and November of 2000, and in May 2001, at which time it voted to disband after having made only preliminary recommendations.

Several members of the Task Force testified as individuals or as representatives of professional organizations at the December 2000, JLSRC sunset hearings about the controversies that had arisen during their meetings. Their testimony underscored the fact that devising a regulatory scheme on which all factions could agree was not a simple task.

Although the Task Force disbanded without making any final recommendations, COMDA continued its review by evaluating the various reports, minutes, and Preliminary Recommendations of the Task Force, and broadly soliciting input from the public, at COMDA meetings in August and November, 2001, and in March, 2002.

At COMDA's March, 2002 meeting, it decided to defer any further review until the independent consultant issued its report on auxiliary scopes of practice, as mandated by SB26.

At its August 8th meeting, COMDA reviewed the preliminary report of the consultant that was issued in July, 2002, and agreed with the vast majority of the consultant's conclusions and recommendations. In fact, many of them had been preliminarily adopted by COMDA in November, 2001, after its over two years of intense analysis.

After reviewing the final report issued to the Legislature on September 1, COMDA has found that the conclusions are nearly identical to those reached by COMDA in November, 2001, and August, 2002, with regard to dental assistants, RDAs, and EFs. COMDA had not undertaken a review of the RDH, RDHEF, and RDHAP license categories prior to August, 2002, but also agrees with the majority of the consultant's findings and recommendations in those areas after reviewing them during its August and October meetings.

COMDA makes the following comments and recommendations.

1. Regulatory Philosophy and the Career Ladder

COMDA agrees with the study's broad underlying philosophy which is the premise for the consultant's many recommendations. Pertinent portions of that stated philosophy are as follows:

"An optimal regulatory structure would protect and promote public safety and well-being while facilitating a licensed dentist's discretion to deploy operational, technological, and therapeutic advancements, and leverage the competencies, education, and skills of the dental auxiliary team. Thus, we believe the most effective strategy is to delineate occupational definitions and practice parameters in terms of position, responsibilities, and services in statute rather than finite tasks and duties in regulation; thereby accommodating flexibility in techniques and tools, as well as allowing appropriate discretion to delegate duties. To appropriately protect the public and delineate practice parameters and boundaries, statutes for each auxiliary category would specifically include prohibited functions and activities. The breadth of scope and level of flexibility afforded in the occupational definitions should be commensurate with the level of education and training; thus the fewer minimum qualifications required for delivering services in the category, the more prescriptive and limited the scope of practice should be.

The essential underlying premise in the regulatory framework, regardless of the category of licensure, is the protection of the public's health and safety. While the State can set minimum qualifications and competency standards for individuals working the dental care occupations, the ultimate protection remains with each dental auxiliary member, and with the employing licensed dentist who is legally charged to assess the abilities of each individual supervised and delegate only those duties and tasks appropriate to the individual's skill, education, knowledge, and capability." {p. 6}

In addition, COMDA agrees with the underlying indications of the study that the "career ladder" mandated by Business and Professions Code (hereinafter referred to as "B&P") Section 1742 currently does not exist, nor should it be pursued.

"While COMDA is committed to providing a 'viable career ladder' for its licensees, opportunities for professional growth and career movement are constrained. In reality, the evolution of practice and the underlying training and educational programs suggest that the auxiliary categories are not linear; whereas dental assisting is characterized most often in terms of restorative dental care, the practice of dental hygiene is primary care for preventive and prophylactic services. We see two career paths potentially offering advancement – complementary and parallel – rather than a single path comprising an occupational continuum." {p. 2}

In addition to the above conclusions of the consultant, COMDA determined several years ago that the only way that a true "career ladder" could be achieved would be if all the various educational institutions, public and private, recognized training and education offered by other educational institutions. COMDA could not determine a method by which to mandate such recognition of coursework among institutions.

Therefore, COMDA recommends that its statutory mandate contained in B&P Section 1742 be amended as indicated in Attachment A.

COMDA also believes that the term "dental auxiliary" is significantly outdated. Senator Leroy Greene noted during COMDA's first sunset hearing in 1996, that he had always felt that the term "dental auxiliary" referred to some sort of voluntary "ladies" supportive organization and that a more appropriate term should be devised.

COMDA therefore recommends that the term "dental auxiliary" be replaced by the term "allied dental health professional" wherever it appears in statute, to more accurately reflect the nature of these license categories. For consistency, the name "Committee on Dental Auxiliaries" should also be changed to the "Committee on Allied Dental Health Professionals."

2. Specific versus Open Scopes of Practice

COMDA has made every effort over the last 3 years to define broad scopes of practice for each license category. However, the duties that unlicensed dental assistants, RDA, and RDAEFs should be allowed to perform constitute a continuum within the same dental specialties, such as restorative, endodontics, orthodontics, etc., whereby the duties increase in difficulty from dental assistant to RDAEF.

For example, dental assistants have the ability and competence to take impressions only for such procedures as bleaching trays and sports guards. Licensed RDAs, on the other hand, should be allowed to take more difficult impressions for orthodontic appliances, and RDAEFs the even more difficult impressions for cast restorations and removable prosthesis.

Therefore, it is necessary to actually specifically list duties for the dental assistant category to differentiate them from duties that RDAs are allowed to perform. The proposed scope of practice for RDAs is then drafted in a more broad fashion, only listing prohibited duties and the exceptions thereto. RDAEF duties are then again specifically listed to differentiate them from RDA duties.

Both the independent consultant and COMDA recommend that the duties for each category be placed into statute, much like most other health-related professions. As a result, future proposed changes to scopes of practices can be addressed in the legislative arena rather than through regulation.

3. Unlicensed Dental Assistants

a. Scope of practice

COMDA agrees with the study's recommendations that the existing prescriptive and relatively closed scope of practice be retained for unlicensed dental assistants, and that it be placed into statute:

"While we would agree in concept that law and regulation should afford flexibility to the dentist to delegate duties to the non-credentialed dental assistant as the individual demonstrates the skills and competency in those tasks, we believe that persons performing more than just the primary level of intraoral activities should be required to attain and demonstrate competency to a uniform standard set by the state. Additionally, in our opinion, we believe that the public perceives an implied assurance that anyone performing intra-oral duties possesses a minimum of formal education as well as clinical training." {p. 12}

COMDA recommends that the existing regulations governing dental assistants be placed into statute as reflected in proposed B&P Section 1750 in Attachment A.

The proposal contains the same supervision levels and duties currently allowed by regulation, with the addition of imaging equipment identified below, but also:

1. Contains editorial changes for clarify and so that it is consistent with the other proposed statutes;

2. Establishes a new category of "indirect" supervision, which recognizes that some duties and procedures do not require the supervising dentist to check and approve the procedure prior to dismissal of the patient, unlike the requirements of "direct" supervision. (See proposed B & P Section 1741 (d) in Attachment A); and

3. Allows an RDHEF or RDHAP (in addition to the current regulatory language allowing a dentist or RDH) to scale and polish prior to the dental assistant's

application of topical fluoride, since RDHEFs and RDHAPs are obviously as qualified to do so as a RDH.

b. "Patient Safety" Courses

COMDA agrees with the study's conclusion that "Given the risk to the individual dental assistant, patient, and other dental team staff of improper performance of infection control tasks, we recommend that California adopt provisions requiring a dental assistant to successfully pass a board-approved infection control and patient safety course. {p. 13}

COMDA recommends that the educational requirement include the following subjects that affect patient safety, and that the education be completed within 120 days of employment as recommended in the consultant's report: infection control, California law, and basic life support.

c. Imaging Technology

COMDA agrees with the report's recommendation on page 14 that dentists be allowed to delegate the use of imaging equipment provided that the technology used is not a health hazard, which is reflected in the language contained in proposed B&P Section 1750 in Attachment A.

4. Registered Dental Assistants (RDAs)

a. Scope of practice

COMDA agrees with the report's recommendations that a more open scope of practice be implemented for RDAs in statute, allowing the dentist discretion in delegating appropriate activities based on assessment of the RDA's skills and abilities: "A more open scope of practice would afford far more flexibility to the supervising dentist without compromising the health and safety of the public." {p. 15}

COMDA's recommended statutory language is contained in proposed B&P Section 1754 in Attachment A, which will essentially allow RDAs to continue to perform all of the duties that they are currently allowed to perform by regulation, as well as the following new duties that COMDA believes RDAs would be competent to perform:

1. Remove excess adhesive, in addition to the currently allowed duty of removing excess cement.

2. Remove orthodontic brackets, in addition to the currently allowed duty of removing orthodontic bands.

3. Pre-position orthodontic brackets for approval by the dentist, and cure in the approved bracket position.

4. Take facebow transfers for diagnostic models for case study only.

5. Etch enamel for bonding, which currently only EFs may perform.

6. Take impressions for space maintaining appliances, orthodontic appliances and occlusal guards, which currently only EFs may perform.

7. Apply pit and fissure sealants, which currently only EFs and RDHs may perform.

8. Other procedures that are not otherwise prohibited by proposed B&P Section 1754, both presently and as dentistry changes in the future.

Proposed Section 1754 would also allow an RDHEF or RDHAP (in addition to the current regulatory language allowing a dentist or RDH) to determine that the teeth to be polished coronally are free of calculus or other extraneous material prior to coronal polishing, since RDHEFs and RDHAPs are obviously as qualified as a RDH to make such a determination.

The report also concludes that "future RDA licensing program coursework and the examination process should specifically include tasks such as coronal polishing and applying pit and fissure sealants—thus eliminating any need for specific certification to perform those duties. Currently, not all RDAs hold certifications for these activities; should our recommendations relative to the RDA category be adopted, the Board will need to consider whether license renewal for these individuals would require obtaining certification in these tasks." {p. 17}

Certification in coronal polishing is already in transition as a result of the last Sunset Review process. All new applicants must show evidence of having satisfactory completed an approved course prior to initial licensure, and all existing RDAs must provide such evidence by January 1, 2005, as a condition of renewal. Until that date, however, RDAs who choose to perform this duty must continue to be required to obtain certification prior to its performance.

Since RDA applicants can qualify by either education or 12 months of work experience during which they are NOT allowed to perform RDA duties on patients, COMDA also believes that certification should continue at this point for ultrasonic scaling and in the future for the application of pit and fissure sealants. If the major transitions outlined in this report are implemented, COMDA and the Board can then focus on determining the most appropriate methods by which to assure competence in these functions to assure public protection.

The report also recommends: "we believe that certain activities outside the scope of practice for RDAs should be individually certificated…Moreover, the concept is that these topical certifications would be obtained either en route to attaining the RDAEF license or to allow an RDA to provide

advanced services in a specialty area such as orthodontics or oral surgery. The Board would then need to adopt educational standards for each of these areas." {p. 17}

"The specialty practice certifications for areas such as orthodontics and oral surgery should be included as optional components of the RDAEF certification. As such, COMDA efforts to facilitate specialty certifications will benefit both the RDA and RDAEF categories." {p. 19}

COMDA and the Board would need to explore the above recommendation further, since there has been concern and criticism in the past about the confusion that results as to which employee can perform which function when a variety of individual certifications are allowed, and the resulting potential for the unlawful performance of such duties and the threat that presents to the public.

In addition, since the duties prescribed for the RDAEF category are all related to restorative dentistry, it is not clear how "specialty" certifications in orthodontics or oral surgery would relate to the RDAEF category. No proposals have been presented to COMDA to date delineating what additional orthodontic or oral surgery duties might by performed by the various classes of licensees.

b. Supervision

COMDA agrees with the report's recommendation that the degree of supervision be determined by the dentist, commensurate with the RDA's knowledge, skills, and abilities.

COMDA also agrees that a RDA should be allowed to be supervised by a RDHAP if limited to duties falling within the scope of practice of both the RDA and RDHAP, as proposed in Section 1754.1 in Attachment A: RDAs and RDAEFs should be allowed to work under the supervision of an Registered Dental Hygienist in Alternative Practice (RDHAP) in the public health arena. This supervision must be limited to those duties related to general dental assisting and falling within the scope of practice for both the dental assistant and the dental hygienist. {p. 23}

5. Registered Dental Assistants in Extended Functions (RDAEFs)

a. Scope of practice

COMDA agrees with the report's recommendations that the current listing of prohibited and permitted duties be retained and placed into statute, and that the allowable duties be expanded to include such duties as: (1) place and condense amalgam restorations; (2) carve and contour amalgam restorations; (3) place and finish composite restorations; and (4) size, fit, and adjust stainless steel crowns for permanent placement and cementing by the dentist.

The consultant's report notes: "The current permissive scope of practice for the RDAEF is narrowly defined and does not include some of the more beneficial duties that could enhance their value to the dental practice…In particular, as previously allowed under specific expanded function pilot programs in California, the placing, condensing, and carving of amalgam restorations and placing and finishing composite restorations appear to be appropriate and reasonable expansions of a RDAEFs scope of practice." {p. 20}

In the 1960's and 1970's, several pilot programs involving the advanced utilization of auxiliaries demonstrated that, with proper training and education, auxiliaries could place and finish amalgams and composites competently.

In California, during a ten-year period in the 1970's, selected dental assistants and dental hygienists were hired to work with senior dental students at the University of Southern California dental school. These individuals were hired to provide specific direct patient restorative procedures normally delegated to the dentist. Upon completion of the lecture and laboratory training, these dental assistants performed clinically on patients in conjunction with the dental students.

The placement, condensation, carving and finishing of an amalgam restoration and the placement and finishing of a composite restoration were two procedures performed regularly in the program. These procedures, after being performed by dental assistants, were compared to the same procedures performed by fourth year dental students.

In all instances, the performance of dental assistants was equal to, if not better than, that performed by the dental student. No cavity classifications were exempted from application in this program. In addition to USC's program, there were numerous similar programs offered in dental schools in California and throughout the United States. The results in all cases concurred with the findings found at USC.

At the time of the creation of the EF categories in the 1970's, the statutorily-created Advisory Committee on Utilization and Education of Dental Auxiliaries and the Committee on Dental Auxiliaries both recommended that the list of allowable duties for EFs include placing, condensing, carving, and removal of restorations. The Board of Dental Examiners at that time rejected those recommendations, and instead adopted a regulation (currently 1085(a)) specifically prohibiting auxiliaries from performing such duties.

In November, 1978, the California Department of Consumer Affairs issued "An Interim Staff Report on Career Mobility in the Dental Professions", finding that the critical restorative functions of placing, carving, and finishing of restorations "have been safely delegated to and performed by an appropriately trained auxiliary" as indicated by a series of studies, such as those done by the Indian Health Service, University of Alabama, Philadelphia Department of Health, U.S. Navy Training Center, Army Dental Corps, UOP School of Dentistry, and California experimental health manpower projects.

The Interim Staff Report concluded that the "results of these experimental programs and others which utilized dental auxiliaries to place and finish restorative materials in prepared cavities indicate that, not only can trained dental auxiliaries learn these procedures in a relatively short period of time (from 3-12 months), but that productivity of the entire dental team can be significantly increased."

A 1980 Report to the U.S. Congress by the Comptroller General concluded: "Extensive research and experience show that employing expanded function dental auxiliaries under dentists' supervision to complete restorations... is one way of increasing the efficiency of the Nation's dental care delivery system and providing needed services to more people at less cost."

According to an ADA survey, approximately 14 states allow dental assistants to place amalgam restorations, 5 states allow assistants to condense, and 4 states allow assistants to carve amalgam restorations. In addition, despite the composite resin material's relative newness in terms of delegation, auxiliaries legally perform placement of composite resin restorations in at least three other states.

A 1998 COMDA survey of specific duties showed that 95% of responding EFs and 87% of responding dentists employing EFs felt that EFs could condense and carve amalgams safely under the direct supervision of a dentist, and that it should be included as a new duty.

Also, 87% of EFs and 76% of dentists responding felt that EFs could place composites safely under the direct supervision of a dentist, and that it should be included as a new duty.

About 77% of EFs reported that they would place amalgams daily, and about 71% of dentists reported the same. About 83% of EFs reported that they would place composites daily, and about 81% of dentists reported the same.

These were the first and second most frequently recommended duties by both EFs and dentists of all the new duties recommended in the 1997 Occupational Analysis surveys, and would be much more frequently-performed duties than the currently legal duty of taking impressions for orthodontic procedures, which only 51% of EFs, and 55% of dentists, reported as being performed daily.

The Dental Board rejected COMDA's recommendation in August, 1999, that EF's be allowed to place, condense, carve, and polish amalgams, and place composites, under direct dentist supervision.

COMDA's recommendation followed an extensive occupational analysis of EF practice, meetings and hearings held by a special COMDA Subcommittee, COMDA meetings, and a joint COMDA/Board hearing.

The Board's written reasons for rejecting COMDA's recommendations were that "members expressed concern that allowing extended functions auxiliaries to place, carve, condense and polish amalgams and to place direct composites, is not in the public's best interest."

COMDA's recommended statutory language is contained in proposed B&P Section 1757 in Attachment A, which refers to the placement of restorations using direct filling materials, rather than referring to specific materials such as amalgams or composites. The proposal also includes the following additional duties identified during COMDAs 3-year review, which are not contained in the report's recommendations:

1. Fit and cement stainless steel crowns
2. Take facebow transfers and bite registrations for permanent prosthesis
3. Take impressions for removable prosthesis
4. Chemically irrigate endodontic canals prior to drying

In addition, the proposal requires existing RDAEFs and RDHEFs to take board-approved courses and an examination covering the proposed new duties prior to their performance, and as a condition of license renewal by January 1, 2006.

The content of existing and new educational programs for all EFs applying for licensure after the enactment of such a proposal would be revised to incorporate all allowable duties.

b. Educational Programs

COMDA agrees with the report's recommendation that the regulatory requirement that an approved EF educational program must be affiliated with a dental school has "vastly restricted the facilities eligible to deliver the programs needed to qualify, particularly the provision disallowing a university extension program." {p. 21}

Therefore, COMDA will be recommending to the Dental Board that the Board's regulations be amended to eliminate the requirement.

COMDA also agrees that an attempt should be made to determine how required coursework could be modularized and structured to allow RDAs to approach this licensure category component by component, but this will require further study as well as interest in this approach by the educational community.

c. Supervision

COMDA agrees with the report's recommendation that the degree of supervision be determined by the dentist. However, because of the increased difficulty of the assigned duties compared to dental assistants and RDAs, COMDA's proposed changes to B&P Section 1757 in Attachment A would provide that the dentist would determine the level of appropriate supervision, unless the Board otherwise prescribes the level of supervision for a particular duty by regulation should a pattern arise which warrants specifying a specific type of supervision.

The report also recommends, and COMDA proposes in Section 1754.1 in Attachment A, that: RDAs and RDAEFs should be allowed to work under the supervision of an Registered Dental Hygienist in Alternative Practice (RDHAP) in the public health arena. This supervision must be limited to those duties related to general dental assisting and falling within the scope of practice for both the dental assistant and the dental hygienist. {p. 23}

COMDA does not agree with the report's conclusion that it is necessary to retain the statutory requirement in current Section 1763 that prohibits a dentist from employing more than two (2) EFs, and to amend that section to allow the dentist to apply for an exemption from the Board. This conclusion is contrary to the underlying philosophy of the report that the dentist should be responsible for determining appropriate levels of supervision for licensed personnel.

COMDA therefore recommends that B&P Section 1770 be repealed (as renumbered effective January 1, 2003), as it unnecessarily restricts the full utilization of this license category.

6. Registered Dental Hygienists (RDHs)

COMDA's three-year review of allowable duties did not include a review of the RDH category. However, the report's recommendations were considered at COMDA's August and October, 2002, meetings, and the following conclusions were reached.

a. Scope of practice

COMDA agrees with all of the recommendations contained in the report with regard to the scope of practice of RDHs, which include the following:

1. Define the practice of dental hygiene in a broad sense to allow the full utilization of the knowledge, skills, and abilities of RDHs. {p. 28} This has been accomplished through amendment of B&P Section 1760 and the enactment of Section 1760.5, as contained in SB2022 (Figueroa).

2. Current regulations automatically include the scope of practice of RDAs into the RDH's scope of practice. "This provision should sunset, and in the future, those RDHs

choosing to provide RDA services would need to meet the RDA examination and licensure requirements to conduct those services." {p. 29}

This recommendation is consistent with the report's findings that the RDA and RDH career paths are essentially separate, rather than a continuum. The sunsetting of an RDH's ability to perform RDA functions simply by virtue or his or her RDH license has been implemented via amendment of B&P Section 1760, as contained in SB2022.

Proposed amendments to Section 1760 in Attachment A propose how the sunsetting of these duties would be most effectively accomplished.

b. Educational Programs

COMDA has not taken a position on the recommendation contained in the report that the State encourage community colleges and proprietary schools to develop new programs statewide {p. 30}, since the notion of "encouragement" does not lend itself to statutory or regulatory language.

c. Supervision

COMDA agrees with the report's conclusion that "the supervising dentist should have the ability to define the level of supervision in which the hygienist performs their scope of duties depending on the RDH's competency. {p. 29}

Eliminating such supervision requirements will require amendment to B&P Sections 1761 through 1764, since those sections define the duties (effective January 1, 2003) that must be performed under direct supervision, and those which may be performed under general supervision. Current regulations similarly define duties that must be performed under direct supervision versus those that may be performed under general supervision.

COMDA also agrees with the report's finding that "RDHs are qualified to provide health educational services, oral health training, and oral health screenings without supervision, at least in the public health arena. {p. 28}…As dental hygiene specialists, according to the American Dental Hygiene Association, hygienists receive three times more clinical instruction in periodontal and preventive procedures than general dentists." {p. 30}

The provisions of B&P Section 1763, as amended by SB2022 (Figueroa), and effective January 1, 2003, will allow RDHs to provide educational services, oral health training, and oral health screenings in any setting without supervision, and will allow RDHs to also provide dental hygiene preventive services, including the application of fluorides and pit and fissure sealants, in public health programs without supervision.

The proposed changes in Attachment A related to RDHs combine and amend Sections 1760, 1760.5, 1761, 1762, 1763, and1764 into only two sections (Section 1760 and 1760.5) for clarity and to allow the dentist to determine the level of supervision for each allowable duty.

7. Registered Dental Hygienists in Extended Functions (RDHEFs)

a. Scope of practice

COMDA agrees with the report's recommendation that the role and relevance of the RDHEF classification should be studied, which can be accomplished either by defining additional duties unique to this advanced hygiene category, or by requiring that current and future RDHEFs hold both RDAEF and RDH licenses (much like the previous proposal related to RDHs whereby they will be required to hold both RDH and RDA licenses in the future in order to perform duties within each scope of practice).

This will require considerable discussion and research. In the meantime, COMDA recommends that the scope of practice similar to that for the RDAEF be placed into statute, as proposed by Section 1762 in Attachment A.

b. Educational Programs

For the same reasons listed above for RDAEFs, COMDA intends to recommend to the Dental Board that the regulations governing RDHEF educational program approval be amended to eliminate the requirement that it be affiliated with a dental school.

8. Registered Dental Hygienists in Alternative Practice (RDHAPs)

COMDA's two-year review of allowable duties did not include a review of the RDHAP category. However, the report's recommendations were considered at COMDA's August and October, 2002, meetings, and COMDA agrees with many of the recommendations contained in the report with regard to this licensure category.

a. Scope of Practice/Methods of Doing Business

As noted in earlier sections, and as recommended in the report on page 40, RDAs, RDAEF, and RDHEFs should be allowed to be employed by a RDHAP, provided that the services they provide are limited to those which a RDHAP is allowed to perform. Appropriate proposed changes to B&P Section 1775 are contained in Attachment A.

In addition, the report recommends "that the service setting provisions for the category include health clinics to ensure that RDHAPs are appropriately allowed to reach the underserved populations." {p. 39} COMDA agrees, and this will be accomplished through amendment of B&P Section 1775 as contained in SB1589 (Perata), which will be effective January 1, 2003.

b. Supervision

COMDA agrees with the report's conclusion that "While current regulations specify that the RDHAP not perform RDH duties specified to be conducted under 'direct' supervision, we find that the additional education and the significant hours of experience required for the RDHAP designation justifies a broadening in practice to authorize duties heretofore requiring direct supervision." {p. 35}

Like the report's recommendations with regard to RDHs, it is recommended that RDHAPs employed by a dentist be allowed to work under whatever degree of supervision is determined by the dentist, which seems to be the effect of Section 1774. That section only states that RDHAPs can provide dental hygiene services without reference to supervision levels, and does not appear to contain any provision allowing the Board to establish supervision levels by regulation.

b. Prescription Requirement / "Patient of Record"

The report notes: "In the existing RDHAP environment, patients must be 'of record' or first examined and diagnosed by a physician or dentist before any procedures can be delegated to a dental auxiliary….However, this requirement can present a considerable barrier in the path to providing basic preventive services to underserved populations. By definition, these are the very patients that are least likely to have access to a dentist or physician. In settings such as "dental health professionals shortage areas" or in programs seeking to provide preventive services to school children or rural farm workers, first obtaining an examination and prescription from a physician or dentist may effectively prevent an individual from obtaining dental care." {p. 35}

B&P Section 1770(h) states:

"(h) A registered dental hygienist in alternative practice may perform dental hygiene services for a patient who presents to the registered hygienist in alternative practice a written prescription for dental hygiene services issued by a dentist or physician and surgeon licensed to practice in this state who has performed a physical examination and a diagnosis of the patient prior to a prescription being provided. The prescription shall be valid for a time period based on the dentist's or physician and surgeon's professional judgment, but not to exceed 15 months from the date that it was issued."

Current law also provides that "A registered dental hygienist in alternative practice shall provide to the board documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services."

Section 1090(c) of the Board's regulations also provides as follows:

"1090…(c) Independently and without the supervision of a licensed dentist, an RDHAP may, upon the prescription of a dentist or a physician and surgeon licensed in California, perform the duties assigned to a registered dental hygienist by Section 1088(c)."

COMDA concurs with the report's conclusion that "the state should consider alternatives for the prescription and patient of record requirements." {p. 35}

The report presents two different alternative models: the Physician Assistant in California, and Public Health Supervision Status for RDHs in the State of Maine. Both examples call for some type of "standing orders" or other types of supervisorial oversight by a licensed dentist.

The report also examined the State of New Mexico, which provides for a "collaborative practice dental hygienist", allowing experienced dental hygienists form an agreement with a dentist whereby standing orders are issued and all records must be forwarded to that dentist. The report notes "{New Mexico} Board officials believe that dental hygienists have found it difficult to arrange a collaborative agreement with a consulting dentist." {p. 64}

Adoption of a model similar to those described above would seem to be even more restrictive than the current requirement that a physician or dentist first examine and diagnose a patient before referring the patient to a RDHAP via a prescription.

Those models seem to focus on oversight of the practitioner's ability to provide appropriate and competent hygiene care, which is <u>not</u> the assumption underlying the current prescription requirement.

Rather, the current model seems to rest on the assumption that examination by a physician or dentist will identify, and address, oral health conditions that would not be recognized by the RDHAP.

However, the effectiveness of this assumption seems to be questioned by the report's previously cited finding that "first obtaining an examination and prescription from a physician or dentist may effectively prevent an individual from obtaining dental care" {p. 35} in under-served areas and for certain populations.

In fact, dental hygienists were allowed to practice independently for 16 years under two Health Manpower Pilot Projects prior to the establishment of the RDHAP license

category. During those 16 years, there was no prescription requirement and there is no evidence that any public harm occurred.

COMDA received written and oral comments from 12 of the existing 21 licensed RDHAPs, all of whom indicated that the prescription requirement has been a considerable barrier to providing services to those who need them most. No evidence was presented to COMDA indicating that harm would occur if the prescription requirement were eliminated.

COMDA therefore recommends that the prescription requirement be eliminated, as proposed in Section 1775.

c. Educational Programs

The report notes: "we find that the regulatory provisions {requiring the affiliation with a dental school} have limited the type of educational institutions allowed to enter this field." {p. 38}

In fact, it was only recently that a single program applied for approval by the Board. Therefore, like the RDAEF and RDHEF educational program regulations, COMDA intends to recommend to the Dental Board that the regulations governing RDHAP educational program approval be amended to eliminate the requirement that it be affiliated with a dental school.

d. Examination

The report finds "When considering the formidable experience, coursework, and bachelor's degree requirements, a board approved, written examination for licensure does not appear warranted, particularly when the primary function of the auxiliary is to provide dental hygiene services—services they have already demonstrated competency when they passed the RDH examination." {p. 39"}

COMDA agrees with this assessment, and did not recommend that an examination be imposed when the Board was considering the promulgation of implementing regulations several years ago. Removal of this requirement is reflected in the amendments to Section 1774, as contained in Attachment A.

The amendments to Section 1774 and 1775 contained in Attachment A also clarify that an RDHAP is allowed to perform the same dental hygiene services that a RDH is allowed to perform, which is not clearly stated as the result of extensive amendments to these sections by SB1589 and SB2022, which are effective January 1. 2003.

ATTACHMENT A – Proposed Changes to Business and Professions Code

NOTE: These proposed changes are to the statutes that will be in effect January 1, 2003, as the result of recent passage of legislation.

GENERAL

1740. It is the intent~~ion~~ of the Legislature by enactment of this article to assure ~~permit~~ the full utilization of allied dental ~~auxiliaries~~ health professionals in order to meet the dental care needs of all the state's citizens. ~~The Legislature further intends that the classifications of dental auxiliaries established pursuant to this article constitute a career ladder, permitting the continual advancement of persons to successively higher levels of licensure with additional training, and without repeating training for skills already acquired. The Legislature further intends that the Board of Dental Examiners of the State of California and its Committee on Dental Auxiliaries, in implementing this article, give specific consideration to the recommendations of the Advisory Committee on Utilization and Education of Dental Auxiliaries, established pursuant to Chapter 645 of the Statutes of 1972, and contained in its report to the Legislature dated March 20, 1973.~~

1741. As used in this article:

(a) "Board" means the Dental Board of California ~~Dental Examiners of the State of California~~.

(b) "Committee" means the Committee on ~~Dental Auxiliaries~~ Allied Dental Health Professionals.

(c) "Direct supervision" means supervision of dental procedures based on instructions given by a licensed dentist, who must be physically present in the treatment facility during the performance of those procedures, and who must check and approve the procedure prior to dismissal of the patient.

(d) "Indirect supervision" means supervision of dental procedures based on instructions given by a licensed dentist, who must be physically present in the treatment facility during the performance of those procedures.

~~(d)~~ (e) "General supervision" means supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist during the performance of those procedures.

(f) ~~(e)~~ "Allied dental health professional ~~Dental auxiliary~~" means a person who may perform dental assisting or dental hygiene procedures authorized by this article~~.~~ , and ~~Dental auxiliary also means a registered dental hygienist in alternative practice, who may provide authorized services by prescription provided by a dentist or physician and surgeon licensed to practice in this state. "Dental auxiliary"~~ includes all of the following:

(1) A dental assistant pursuant to Section 1750.

(2) A registered dental assistant, or "RDA", pursuant to Section 1753.

(3) A registered dental assistant in extended functions, or "RDAEF", pursuant to Section 1756.

(4) A registered dental hygienist, or "RDH", pursuant to Section 1766.

(5) A registered dental hygienist in extended functions, or "RDHEF", pursuant to Section 1768.

(6) A registered dental hygienist in alternative practice, or "RDHAP", pursuant to Section 1774.

DENTAL ASSISTANTS

1750. (a) A dental assistant is only permitted to perform the following duties under the general supervision of a licensed dentist::

(1) Intra-oral retraction and suctioning;

(2) Extra-oral duties or functions, provided that such duties or functions are completely reversible and unable to precipitate a potentially hazardous condition for the patient;

(3) Operate dental radiographic equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of section 1656;

(4) Examine orthodontic appliances;

(5) Operate intra-oral photography or other imaging equipment, provided such equipment is not a potential health hazard.

(b) A dental assistant may only perform the following duties under the indirect supervision of a licensed dentist:

(1) Take intra-oral measurements for orthodontic procedures;

(2) Seat adjusted retainers or headgears, including appropriate instructions;

(c) A dental assistant may only perform the following duties under the direct supervision of a licensed dentist:

(1) Assist in the administration of nitrous oxide analgesia or sedation; however, a dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the dentist who shall be present at the patient's chairside at the implementation of these instructions. This section shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.

(2) Apply topical fluoride, after scaling and polishing by the supervising dentist, a RDH, a RDHEF, or a RDHAP;

(3) Take impressions for diagnostic and opposing models, bleaching trays, temporary crowns and bridges, and sports guards;

(4) Place and remove rubber dams;

(5) Place, wedge and remove matrices, and hold anterior matrices;

(6) Cure restorative or orthodontic materials in operative site with light-curing device;

(7) Remove post-extraction dressings, periodontal dressings, and sutures;

(8) Apply non-aerosol and non-caustic topical agents;

(9) Place elastic orthodontic separators and remove all types of orthodontic separators;

(10) Remove arch wires and ligature ties;

~~A dental assistant is a person who may perform basic supportive dental procedures as authorized by this article under the supervision of a licensed dentist and who may perform basic supportive procedures as authorized pursuant to subdivision (b) of Section 1751 under the supervision of a registered dental hygienist in alternative practice.~~

1750.1. A dental assistant may perform the duties specified in section 1750 under the supervision of or as an employee of a RDHAP:

(a) in any setting in which the RDHAP is allowed to practice;

(b) under the same levels of supervision specified in section 1750; and,

(c) provided that the duty performed by the dental assistant is legally allowed to be performed by the RDHAP.

1751. The board shall adopt regulations requiring dental assistants to satisfactorily complete board-approved education in infection control, California law and basic life support within 120 days of employment. ~~(a) By September 15, 1993, the board, upon recommendation of the~~

committee, consistent with this article, standards of good dental practice, and the health and welfare of patients, shall adopt regulations relating to the functions that may be performed by dental assistants under direct or general supervision, and the settings within which dental assistants may work. At least once every seven years thereafter, the board shall review the list of functions performable by dental assistants, the supervision level, and settings under which they may be performed, and shall update the regulations as needed to keep them current with the state of the practice.

(b) Under the supervision of a registered dental hygienist in alternative practice, a dental assistant may perform intraoral retraction and suctioning.

1752. The supervising licensed dentist shall be responsible for determining the competency of the dental assistant to perform allowable functions.

REGISTERED DENTAL ASSISTANTS

1754. (a) A RDA may perform any duty which a dental assistant is allowed to perform pursuant to Section 1750 under the same conditions specified in that section. In addition, a dentist may also delegate to a RDA any reversible dental procedure, commensurate with the RDA's training, knowledge, and skill, except for the following activities which require the knowledge, skill, and training of a licensed dentist or another allied dental health professional:

(1) Diagnosis and treatment planning;

(2) Surgical or cutting procedures on hard or soft tissue, except that a RDA may use etchants in the application of pit and fissure sealants or for bonding;

(3) Fitting and adjusting of correctional and prosthodontic appliances, except that a RDA may:

(a) size, fit, adjust, intra-orally fabricate, temporarily cement, and remove temporary crowns;

(b) size, fit, adjust, pre-position, cure in dentist-approved position of, and remove orthodontic bands and brackets;

(4) Prescription of medicines;

(5) Placement, cementation, condensation, carving or removal of permanent restorations;

(6) Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals;

(7) Taking of impressions for prosthodontic appliances, bridges or any other structures which may be worn in the mouth, except that a registered dental assistant may;

(a) Take facebow transfers and bite registrations for diagnostic models for case study only;

(b) Take impressions for space maintaining appliances, orthodontic appliances and occlusal guards.

(8) Administration of injectable and/or general anesthesia;

(9) Procedures specified in Section 1757 as those which may be performed by an RDAEF;

(10) Oral prophylaxis procedures or any procedure performed subgingivally, except that a RDA may perform coronal polishing as provided in subdivision (b).

(b) A RDA is only permitted to perform the following functions after submitting evidence to the board of satisfactory completion of a board-approved course of instruction or equivalent instruction in an approved RDA program in such function.

(1) Coronal polishing. Coronal polishing means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with rubber cup or brush and a polishing agent. A licensed dentist, RDH, RDHEF, or RDHAP shall determine that the teeth to be polished are free of calculus or other extraneous material prior to coronal polishing.

(2) Remove excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler.

(3) Apply pit and fissure sealants.

(c) The degree of supervision for each procedure authorized by this section shall be determined by the supervising dentist.

(d) A RDA may undertake the duties authorized by this section in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the board.

~~By September 15, 1993, the board, upon recommendation of the committee and consistent with this article, standards of good dental practice, and the health and welfare of patients, shall adopt regulations relating to the functions which may be performed by registered dental assistants under direct or general supervision, and the settings within which registered dental assistants may work. At least once every seven years thereafter, the board shall review the list of functions performable by registered dental assistants, the supervision level, and settings under which they may be performed, and shall update the regulations as needed to keep them current with the state of the practice.~~

1754.1. A RDA may perform the duties specified in Section 1754 under the supervision of or as an employee of a RDHAP:

(a) in any setting in which the RDHAP is allowed to practice;

(b) under the same levels of supervision specified in section 1754; and,

(c) provided that the duty performed by the RDA is legally allowed to be performed by the RDHAP.

RDAEFs

1757. (a) A RDAEF is only permitted to perform the duties which a RDA is allowed to perform, and the additional duties specified below, as assigned to him or her by the supervising dentist:

(1) Apply etchants or chemicals to prepare enamel and dentin for placement of final restorative materials;

(2) Fit and cement stainless steel crowns;

(3) Place and finish restorations using direct filling materials;

(4) Formulate indirect patterns for endodontic post and core castings

(5) Fit trial endodontic filling points;

(6) Chemically irrigate endodontic canals prior to drying.

(7) Take facebow transfers and bite registrations for permanent prosthesis

(8) Take impressions for cast restorations and removable prosthesis~~;~~

(9) Remove excess cement from subgingival tooth surfaces;

(10) Perform cord retraction of gingivae for impression procedures;

(b) The degree of supervision for each procedure authorized by this section shall be determined by the supervising dentist, unless otherwise specified by regulation of the board.

(c) A RDAEF may undertake the duties authorized by this section in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the board**.**

~~Within one year of the date this article takes effect, the board, upon recommendation of the committee, consistent with standards of good dental practice and the health and welfare of patients, shall prescribe by regulation the functions which may be performed by registered dental assistants in extended functions, whether such functions require direct or general supervision, and the settings within which registered dental assistants in extended functions may work.~~

1757.1. A RDAEF may perform the duties specified in section 1757 under the supervision of or as an employee of a RDHAP:

(a) in any setting in which the RDHAP is allowed to practice;

(b) under the same levels of supervision specified in section 1757; and,

(c) provided that the duty performed by the RDAEF is legally allowed to be performed by the RDHAP.

1757.2. (a) Each person who holds a license as a RDAEF or RDHEF on the effective date of this section shall provide evidence of having completed a board-approved course or courses in the following functions, and an examination required by the board, prior to the performance of such procedures:

(1) Fitting and cementing stainless steel crowns;

(2) Placing and finishing restorations using direct filling materials;

(3) Taking facebow transfers and bite registrations for permanent prosthesis;

(4) Taking impressions for removable prosthesis;

(5) Chemically irrigate endodontic canals prior to drying.

(b) By January 1, 2006, each person who holds a RDAEF or RDHEF license shall provide evidence of having successfully completed a board-approved course or courses in the following functions, and passage of an examination required by the board. Failure to comply with this section shall result in automatic suspension of the license which shall be reinstated upon the receipt of evidence that the licensee has successfully completed the required

courses. Completion of the courses may be counted toward fulfillment of the continuing education requirements governed by Section 1645.

(1) Fitting and cementing stainless steel crowns;
(2) Placing and finishing restorations using direct filling materials;
(3) Taking facebow transfers and bite registrations for permanent prosthesis;
(4) Taking impressions for removable prosthesis;
(5) Chemically irrigate endodontic canals prior to drying.

(c) The length and content of the courses shall be governed by applicable board regulations.

RDHEFs

1762. A RDHEF is only permitted to perform those duties which a RDAEF or a RDH is allowed to perform and under the same specified conditions, as assigned to him or her by the supervising dentist and under the degree of supervision determined by such dentist unless otherwise specified by regulation of the board. ~~Within one year of the date this article takes effect, the board, upon recommendation of the committee, consistent with standards of good dental practice and the health and welfare of patients, shall prescribe by regulation the functions which may be performed by registered dental hygienists in extended functions, whether such functions require direct or general supervision, and the settings within which registered dental hygienists in extended functions may work.~~

1762.1. A RDHEF may perform the duties specified in section 1762 under the supervision of or as an employee of a RDHAP:

(a) in any setting in which the RDHAP is allowed to practice;
(b) under the same levels of supervision specified in section 1762; and,
(c) provided that the duty performed by the RDHEF is legally allowed to be performed by the RDHAP.

~~1770. A licensed dentist may utilize in his or her practice no more than two dental auxiliaries in extended functions licensed pursuant to Sections 1756 and 1761.~~

REGISTERED DENTAL HYGIENISTS

1760. The following functions may be performed by a RDH ~~registered dental hygienist~~ in addition to those authorized pursuant to Section~~s~~ 1760.5~~, 1761, 1762, 1763, and 1764~~:

(a) All functions that may be performed by a dental assistant ~~or a registered dental assistant~~.

(b) All persons holding a license as a RDH ~~registered dental hygienist~~ on January 1, ~~2003~~ 2006, ~~or issued a license on or before December 31, 2005, are authorized to perform the duties of a registered dental assistant specified in Section 1754~~ shall automatically be issued a license as a RDA, which shall expire on the same date as the individual's RDH license, and which shall be subject to the same renewal and other requirements imposed by law or regulation on a license. All persons issued a license as a RDH ~~registered dental hygienist~~ on and after January 1, 2006, shall qualify for and receive a RDA ~~registered dental assistant~~ license prior to performance of the duties specified in Section 1754.

1760.5. (a) A RDH may engage in the ~~The~~ practice of dental hygiene, which includes dental hygiene assessment, development, planning, and implementation of a dental hygiene care plan including, but not limited to:

(1) ~~It also includes~~ O~~o~~ral health education, counseling, and health screenings.

(2) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing;

(3) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease;

(b) The practice of dental hygiene does not include any of the following procedures:

(1) Diagnosis and comprehensive treatment planning.

(2) Placing, condensing, carving, or removal of permanent restorations.

(3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue, except that a RDH may perform soft tissue curettage after submitting to the board evidence of satisfactory completion of a board-approved course of instruction in this procedure.

(4) Prescribing medication.

(5) Administering local or general anesthesia or oral or parenteral conscious sedation, except ~~for the administration of~~ that a RDH may administer nitrous oxide and oxygen, whether administered alone or in combination with each other, and local anesthesia ~~pursuant to Section 1761~~, provided that evidence of satisfactory completion of a board-approved course of instruction in each such procedure has been submitted to the board.

(b) The degree of supervision for each procedure shall be determined by the supervising dentist, except that:

(1) A RDH may provide, without supervision, educational services, oral health training programs, and oral health screenings. A RDH shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.

(2) In any public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, a RDH may provide, without supervision, dental hygiene preventive services in addition to oral screenings, including, but not limited to, the application of fluorides and pit and fissure sealants.

(c) Unless otherwise specified in this chapter, a RDH may perform any procedure or provide any service within the scope of his or her practice in any setting, provided that the procedure is performed or the service is provided under the appropriate level of supervision required by this article.

(d) A RDH may use any material or device approved for use in the performance of a service or procedure within his or her scope of practice under the appropriate level of supervision, if the RDH has the appropriate education and training required to use the material or device.

~~1761. A dental hygienist is authorized to perform the following procedures under direct supervision, after submitting to the board evidence of satisfactory completion of a board-approved course of instruction in the procedures:~~
~~(a) Soft-tissue curettage.~~
~~(b) Administration of local anesthesia.~~
~~(c) Administration of nitrous oxide and oxygen, whether administered alone or in combination with each other.~~

~~1762. A dental hygienist is authorized to perform the following procedures under general supervision:~~
~~(a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.~~
~~(b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.~~
~~(c) The taking of impressions for bleaching trays and application and activation of agents with nonlaser, light-curing devices.~~
~~(d) The taking of impressions for bleaching trays and placements of in-office, tooth-whitening devices.~~

~~1763. (a) A dental hygienist may provide, without supervision, educational services, oral health training programs, and oral health screenings.~~
~~(b) A dental hygienist shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.~~
~~(c) In any public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, a dental hygienist may provide, without supervision, dental hygiene preventive services in addition to oral screenings, including, but not limited to, the application of fluorides and pit and fissure sealants.~~

~~1764. (a) Any procedure performed or service provided by a dental hygienist that does not specifically require direct supervision shall require general supervision, so long as it does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions, which, if not immediately diagnosed and treated, would lead to serious disability or death.~~
~~(b) Unless otherwise specified in this chapter, a dental hygienist may perform any procedure or provide any service within the scope of his or her practice in any setting, so long as the procedure is performed or the service is provided under the appropriate level of supervision required by this article.~~
~~(c) A dental hygienist may use any material or device approved for use in the performance of a service or procedure within his or her scope of practice under the appropriate level of supervision, if the dental hygienist has the appropriate education and training required to use the material or device.~~

REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE

~~1772. The board shall seek to obtain an injunction against any dental hygienist who provides services in alternative practice pursuant to Sections 1774 and 1775 if the board has reasonable cause to believe that the services are being provided to a patient who has not received a prescription for those services from a dentist or physician and surgeon licensed to practice in this state.~~

1774. (a) The board shall license as a RDHAP ~~registered dental hygienist in alternative practice~~ a person who ~~demonstrates satisfactory performance on an examination required by the board and, subject to Sections 1760 and 1766,~~ ~~who~~ meets either of the following requirements:

(1) Holds a current California license as a RDH ~~dental hygienist~~ and meets the following requirements:

(A) Has been engaged in clinical practice as a RDH ~~dental hygienist~~ for a minimum of 2,000 hours during the immediately preceding 36 months.

(B) Has successfully completed a bachelor's degree or its equivalent from a college or institution of higher education that is accredited by a national agency recognized by the Council on Postsecondary Accreditation or the United States Department of Education, and a minimum of 150 hours of additional educational requirements, as prescribed by the board by regulation, that are consistent with good dental and dental hygiene practice, including, but not necessarily limited to, dental hygiene technique and theory including gerontology and medical emergencies, and business administration and practice management.

(2) Has received a letter of acceptance into the employment utilization phase of the Health Manpower Pilot Project No. 155 established by the Office of Statewide Health Planning and Development pursuant to Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 of the Health and Safety Code.

(b) Subject to the provisions of subdivision~~s~~ (b) ~~and (h)~~ of Section 1775, the board, in consultation with the committee, shall adopt regulations in accordance with Section 1748 necessary to implement this section.

(c) The Director of Consumer Affairs shall review the regulations adopted by the board in accordance with Section 313.1.

(d) A person licensed as a RDH ~~registered dental hygienist~~ who has completed the prescribed classes through the Health Manpower Pilot Project (HMPP) and who has established an independent practice under the HMPP by June 30, 1997, shall be deemed to have satisfied the licensing requirements under this section ~~Section 1774~~, and shall be authorized to continue to operate the practice he or she presently operates, ~~so long as he or she follows the requirements for prescription and functions as specified in this section and Section 1775, with the exception of subdivision (e) of Section 1775, and~~ as long as he or she continues to personally practice and operate the practice or until he or she sells the practice to a licensed dentist.

1775. (a) A RDHAP ~~registered dental hygienist in alternative practice~~ may perform dental hygiene services as defined in sections 1760 and 1760.5 ~~practice, pursuant to Section 1774,~~ as an employee of a dentist or of another RDHAP ~~registered dental hygienist in alternative practice~~, or as an independent contractor, or as a sole proprietor of an alternative dental hygiene practice, or as an employee of a primary care clinic or specialty clinic that is licensed pursuant to Section 1204 of the Health and Safety Code, or as an employee of a primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health

and Safety Code, or as an employee of a clinic owned or operated by a public hospital or health system, or as an employee of a clinic owned and operated by a hospital that maintains the primary contracts with a county government to fill the county's role under Section 1700 of the Welfare and Institutions Code.

(b) A RDHAP ~~registered dental hygienist in alternative practice~~ may perform dental hygiene services as defined in subdivision (a) ~~the duties authorized pursuant to Section 1774~~ in the following settings:

(1) Residences of the homebound.

(2) Schools.

(3) Residential facilities and other institutions.

(4) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines.

(c) A RDHAP ~~registered dental hygienist in alternative practice~~ shall not ~~do any of the following:~~

~~(1) I~~ infer, purport, advertise, or imply that he or she is in any way able to provide dental services or make any type of dental health diagnosis beyond those services defined in sections 1760 and 1760.5 ~~evaluating a patient's dental hygiene status, providing a dental hygiene treatment plan, and providing the associated dental hygiene services~~.

~~(2) Hire a registered dental hygienist to provide direct patient services other than a registered dental hygienist in alternative practice.~~

(d) A RDHAP ~~registered dental hygienist in alternative~~ practice may submit or allow to be submitted any insurance or third-party claims for patient services performed as authorized pursuant to this article.

~~(e) A registered dental hygienist in alternative practice may hire other registered dental hygienists in alternative practice to assist in his or her practice.~~

~~(f)~~ (e) A RDHAP ~~registered dental hygienist in alternative practice~~ may hire and supervise dental assistants, RDAs, RDAEFs, RDHs, RDHEFs, or RDHAPs, provided that the duties performed by such licensee is legally allowed to be performed by the RDHAP ~~performing functions specified in subdivision (b) of Section 1751~~.

~~(g)~~ (f) A RDHAP ~~registered dental hygienist in alternative practice~~ shall provide to the board documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services.

~~(h) A registered dental hygienist in alternative practice may perform dental hygiene services for a patient who presents to the registered dental hygienist in alternative practice a written prescription for dental hygiene services issued by a dentist or physician and surgeon licensed to practice in this state who has performed a physical examination and a diagnosis of the patient prior to a prescription being provided. The prescription shall be valid for a time period based on the dentist's or physician and surgeon's professional judgment, but not to exceed 15 months from the date that it was issued.~~